

CV 10 4307

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

X

JOHN A. BIVIANO SRS.

(In the space above enter the full name(s) of the plaintiff(s).)

-against- *

COMPLAINT

Jury Trial: Yes No

ANTHONY R. BIVIANO; ADOPTED CHILDREN OF
CHARLES A. BIVIANO; LORRAINE STAMP; JOEL
BREERMANAKA; BREERMAN, BEARMAN, BLEAMAN,
BIVIANO, BRIEMEN, CONSILIO, LOMBARDI, CHARLES C.
BRIEMAN
ANTONIELLO, APPROX. 30 OTHERS W/I.D. ALL CITIZENSHIP
 (In the space above enter the full name(s) of the defendant(s). If you
 cannot fit the names of all of the defendants in the space provided,
 please write "see attached" in the space above and attach an
 additional sheet of paper with the full list of names. The names
 listed in the above caption must be identical to those contained in
 Part I. Addresses should not be included here.)

X

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff: Name GEN. JOHN A. "JACAVINO" BIVIANO III U.S. ARMY-RETired, C.C.C.
 Street Address 414 S. SUNRISE Hwy - BORDER PATROL SECTION 212
 County, City PATCHOGUE, N.Y.
 State & Zip Code NEW YORK 11772
 Telephone Number Not Avail. To Public (SEC. REASONS)

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ SEP 21 2010 ★

LONG ISLAND OFFICE
BIANCO, J.
LINDSAY, M.

Defendant No. 1

Name ANTHONY RICHARD BINIAND DIRECTOR?
 Street Address 79 MIDVILLE RD - V.A.M.C. NO 11
 County, City SUFFOLK, NORTHPORT
 State & Zip Code NEW YORK
 Telephone Number (631) 261-4400 X

Defendant No. 2

Name LORAIN SAMP C SW ? DIRECTOR?
 Street Address 79 MIDVILLE RD. V.A.M.C. NO 6
 County, City SUFFOLK, NORTHPORT
 State & Zip Code NEW YORK
 Telephone Number (~~631~~ (623) 261-4400 X

Defendant No. 3

Name JOEL BIERMAN - DIRECTOR - SLVR-V.A.M.C.
 Street Address 79 MIDVILLE RD. VAMC N° 11
 County, City SUFFOLK, N.Y.
 State & Zip Code NEW YORK
 Telephone Number (~~631~~ (623) 261-4400 X

Defendant No. 4

Name CHARLES C. BEARMAN - DIRECTOR, ADT. GEN'L. ATTY.
 Street Address "ACTING JACK 79 MIDVILLE RD. & N.Y.C. "SOHO" AREA - VAMC NO 11
 County, City SUFFOLK - NORTHPORT
 State & Zip Code NEW YORK
 Telephone Number (631) 261-4400 X

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

* Federal Questions Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? ANTI - I.D. THEFT, POSTAL

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

* Plaintiff(s) state(s) of citizenship UNKNOWN - ANTI I.D. THEFT, POSTAL

* Defendant(s) state(s) of citizenship UNKNOWN - ANTI I.D. THEFT, POSTAL

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

* A. Where did the events giving rise to your claim(s) occur? V.A.M.C. · NORTHPORT

* B. What date and approximate time did the events giving rise to your claim(s) occur?

ON GOING CASE FOR ELEVEN YEARS, INVOLVING CASE FOR 26 MILLION MEN, WOMAN
I.D. THEFT, SIX COUNTRIES WAS IN STATE N.Y. - SUPREME COURTS, TRANSFER TO OTHER
FEDERAL COURTS UNDER FEDERAL WARRANTS

* C. Facts: ALL CASES ARE BEING ON GOING WITH F.B.I., W/ APPROVAL OF U.S.S.C. & OTHER
RESIDING SENATORS CHOSEN TO BE ON PANELS. AS BEING ADJ. GEN. VETERANS ADMINISTRATION A
FOOD, DRUG, ADMINISTRATION APPOINTED BY FORMR. PRES. BUSH AND CANT VOTED BY CONGRESS, RETIRE
A FEW HALF SCORE YEARS AGO. TO POSTED POSITION. RETURNED TO MY POST & PAST COMMAND OF THE
101ST ABN. DIV. SPECIAL OPERATIONS, UNITS, TERC KNOWN AS "SAMSON" CO. OF THE 18TH ABU
DIV. TOP IS A MUST ON THIS. IT ALSO INVOLVES THE U.S. TREASURY, OF STOLEN GOVERNMENT FUNDS
FOR ALL VETERANS. ON A RETRO BASIS OF TIME LOST. (STOP). NON-BONDED FIRE I.D. ALSO
BEING USED. PROVO MARSHALL, INFORMED ALONG WITH ALL TERC TEAMS. SOCIAL SECY IS ONE OF
THE LOOPHOLES, ALONG WITH Socio Services (WETTAWEE), W.I.C.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

TO BE SET ASIDE DUE TO MEDICAL LEAVE ADVISE - PENDING ALL RECORDS FORWARDED TO FBI
SPECIAL OPS, UNITS, TERC, IN GOVERNMENT SECURED ARRESTS WITH ALL X-RAYS
AND OTHER EXHIBITS OR WRITINGS WHICH CONSISTS OF FRAUD NOTES. OTHER COUNTRIES
TEAMS WORKED ON FOOT, LEGS, HIPS, CHEST ARRESTS WILL PRESENT ALL EXHIBITS & X-RAYS

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. GO BACK TO FIRST CASES MEMO & TO BE AWARDED THE SAME WAY AS INDICATED TO ALL PARTIES CONCERN. NO LUMP PAYMENT! SEE 1st AGREEMENT MEMOS OTHER THAN PERSONAL NEEDS ENTITLED PETTY CASH WITH ALL FEDERAL ALLOWANCES PROVIDED INTO GENERAL QUARTERS AT THESE RATES: \$1600 per day w/ all the smallest, TRAVEL TO THE LESSER ALLOWED. HOUSING ACCOMMODATE TO FAMILY OF SIX. NO GENE QUARTERS FOR GENE IN NORTHPORT, RENTED INSTEAD. BEING FOLLOW UP AT THE TREASURY DEPT. I.A. DIV. WITH ALL DIRECT DEPTS.

I declare under penalty of perjury that the foregoing is true and correct.

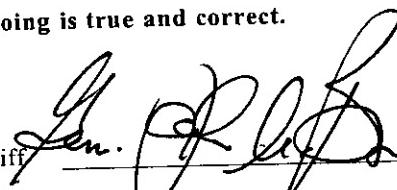
Signed this 22 day of OCTOBER, 2010.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)



III C

G.P.O. WESTERFIELD R.R. No. 3
RIDGEFIELD, UTAH

1-570-850-7164 CELL NO

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.